



Case Study:

Team of Education Professionals Develop Plan for Nonverbal Student

SIG 1: Language Learning and Education

Summary

A team of education professionals collaborated across specialties to help a 7½-year-old boy with cerebral palsy improve his communication skills. By bringing in expertise from a local university’s speech and hearing center, the team was able to understand the student’s educational needs and develop an individualized education program (IEP) to address them. After 6 months of working with the team members, the boy could respond with 80% accuracy to familiar questions using his new Dynavox.

Student Info



FINN
7½-YEAR OLD

Current Diagnosis:

Cerebral Palsy; Dysarthria;
Dysphagia

Meet The Team



Classroom
teacher



Early literacy
specialist



Occupational
therapist (OT)



Physical
therapist (PT)



Speech-Language
Pathologist
(SLP)



School
psychologist



SLP with expertise in
augmentative and
alternative communication
(AAC) from local university



Student



Family

Continue for more

Background

Finn is a 7½-year-old male student who was diagnosed with cerebral palsy at 6 months of age. He is a largely non-oral communicator who used a small language board with eight messages. He can successfully move around on four limbs, but he needs assistance getting into a chair. He has some movement in his right arm and hand. He can also eat chopped food using a spoon and can drink using a straw.

When Finn was 7, his parents placed him in a public school. Initially, he attended a self-contained first grade classroom with students who had mild intellectual impairments. In school, he received both occupational and physical therapy twice a week. He had one initial consult from the school-based speech-language pathologist (SLP), who recommended that he use his rudimentary communication board in the classroom.

Then, Finn began “acting out” in class. He made noise, disrupting the class, and he had to be removed to the hallway. His behavior in the classroom was interpreted as aggression. Finn’s parents asked for a reevaluation of his accommodations.

How They Collaborated

During the first team meeting, the team members and Finn’s parents discussed his current situation. The team decided to each evaluate Finn individually and meet again to discuss the results and establish a collaborative plan.

During that meeting, the school’s SLP said that she lacked the experience to evaluate a non-oral communicator like Finn and would like to bring in additional support. After discussing the logistics of adding another SLP to the team, the team decided to reach out to a local university’s speech and hearing center. They found an SLP with expertise in AAC, and that SLP performed Finn’s speech-language evaluation.

During the second team meeting, the school team members as well as the SLP from the local university shared their individual evaluation results and discussed how to best meet Finn’s educational needs. Finn’s parents questioned the early literacy specialist’s assessment that Finn lacked cognitive functioning. The group discussed how results from traditional measures of cognition may not be valid here, and the SLP with expertise in AAC shared resources for future assessments.

The team discussed and agreed on an IEP, in which each member of the team committed to working routinely with Finn on specific skills. For example, the local university’s speech and hearing center would provide speech-language pathology services twice per week. These sessions would help Finn use a complex communication system as well as improve his conversation and literacy skills. OT and PT services would continue twice a week and would focus on increasing Finn’s fine motor control for using his AAC device and gross motor skills for more independent physical activity in school.

Outcome

After 6 months, with moderate support from team members, Finn consistently responded with 80% accuracy to familiar questions using his new Dynavox. He also began initiating instruction-based questions on an inconsistent basis (20%–25%). Finn began decoding simple written words and answering simple questions using his AAC device.

Ongoing Collaboration

The team agreed to follow up twice a year to discuss Finn's progress and any needed changes. Once yearly, the whole team will meet to review his IEP. The classroom teacher will serve as the parent-school liaison, and the team will touch base monthly via email regarding concerns, progress, or other updates.

Case Rubric:

Team of Education Professionals Develop Plan for Nonverbal Student

SIG 1: Language Learning and Education

Student Info



FM
7 1/2-YEAR OLD

Current Diagnosis:
Cerebral Palsy; Dysarthria;
Dysphagia

Meet The Team



Classroom teacher



Early literacy specialist



Occupational therapist (OT)



Physical therapist (PT)



Speech-Language Pathologist (SLP)



School psychologist



SLP with expertise in augmentative and alternative communication (AAC) from local university



Student



Family

History and Concerns

(Share key information gathered from team)

FM is a 7½-year-old male student who is a largely non-oral communicator. He was diagnosed with cerebral palsy at 6 months of age. When FM was 2½ years old, the family moved to Budapest, Hungary, and participated in conductive education at the Peto Institute, a program for children with cerebral palsy. When he returned to the United States at 6½ years of age, he had a small language board with eight messages. He successfully moved himself around on four limbs and pulled himself up to his wheelchair, but he needed assistance getting in the chair. His right side was more mobile than his left, and he had rudimentary movement in his right arm, right thumb, and right index finger. He ate chopped food using a spoon and drank using a straw.

When FM reached 7 years of age, his parents placed him in a public school. Initially, he attended a self-contained first grade classroom with students who had mild intellectual impairments. In school, he received both occupational and physical therapy twice a week. He had one initial consult from the school-based speech-language pathologist (SLP) who recommended the use of his rudimentary communication board in the classroom. FM began "acting out," making noise, and disrupting the class, and he had to be removed to the hallway. His behavior in the classroom was interpreted as aggression. FM's parents asked for a reevaluation of FM's accommodations.

Assessment Plan

(Determine roles/
responsibilities for
evaluation)

To re-evaluate FM's needs, Mrs. Flemming, the director of special education at the school, put together a large team of professionals to better meet FM's needs. **The team was made up of the following individuals:**



Mrs. Flemming, the team coordinator

Mr. and Mrs. M, FM's parents



Mr. Peeler, the school's occupational therapist (OT)



Ms. Thompson, the school's physical therapist (PT)



Mrs. Ruff, the school's psychologist



Ms. Slovnik, FM's first grade teacher



Ms. Adams, the school's SLP



Mrs. Turner, an early literacy specialist

Assessment Plan

(Determine roles/
responsibilities for
evaluation)

During the first team meeting, the team members discussed FM's current situation with his parents and, together, the team members developed an evaluation plan that included each professional's individual evaluation followed by another team meeting to discuss the results and, together, to establish a collaborative plan. Ms. Adams expressed concerns about her ability to complete a comprehensive speech- language evaluation with FM because of his extremely limited oral production. She requested that the team consider adding an additional speech-language evaluation conducted by an SLP with expertise in augmentative and alternative communication (AAC). The team discussed the logistics of this proposition, and all members agreed that the local university's speech and hearing center would be the best place to start. Mrs. Flemming contacted the speech and hearing center and was put in touch with Mrs. Connor, an SLP with expertise in AAC and literacy. Mrs. Connor indicated that she would be happy to provide a speech-language evaluation for FM. **For the rest of the team, the assessment plan included the following:**



Psychologist—assess FM's level of cognition for learning



OT—assess FM's current fine motor function and needs



PT—assess FM's current gross motor function and needs



SLP (with expertise in AAC and literacy)—assess FM's overall literacy by assessing his expressive language and duration of phrases and sentences, receptive language, vocabulary, reading comprehension, pragmatic skills, and oral motor/eating skills



Classroom teacher—observe FM in the classroom, and assess his learning needs



Early literacy specialist—assess FM's emergent literacy

FM's parents—provide needs assessment for FM's learning and function in school, home, and community

Assessment Results

(Summarize key diagnostic results)

At the subsequent team meeting, the following results were reported:



Psychologist—FM attended to tasks during the evaluation. The Wechsler Intelligence Scale for Children (WISC-IV) was adapted for FM but no norm-referenced scores were reported due to FM's alternative communication needs. FM's visual-spatial skills, visual working memory and visual processing skills all appeared to be slightly lower than might be expected, but it was unclear if FM's vision was functional for the testing tasks.



OT—FM was progressing in positioning of his non-dominant hand and use of his dominant hand for grasping and pointing. He needs to increase strength and control of his upper extremities and continue use of his right index finger in his key guard. Assessment of vision recommended.



PT—FM was independent on the floor when moving from one place to another. He required moderate assistance to pull himself up into the wheelchair. FM was dependent for wheelchair propulsion.



SLP—FM initiated language with his board, but he had difficulty answering "how" and "why" questions during conversation. He demonstrated within-average-range performance for receptive language in the areas of morphology and syntax during picture-pointing tasks. Results of task performance on measures of expressive vocabulary, sentence length and complexity, and narrative organization for story retelling with his communication board was at a below-age expectation level. Reading comprehension was literal and was below decoding ability and spelling levels, both of which were on grade level. FM ate with a spoon but preferred to eat with his hands. He exhibited a large tongue thrust and therefore lost food during eating. The SLP recommended a more advanced system of alternative communication

IPP Treatment Plan

(Discuss, reflect, and modify recommendations to develop a coordinated plan)

During the second team meeting, team members shared individual results and discussed how to best meet FM's educational needs. FM's parents questioned the early literacy specialist's (Mrs. Turner's) assessment that FM had an apparent lack of cognitive functioning. They stated that they had observed what they consider to be a high level of cognition. Together, the group discussed how results from traditional measures of cognition may not be used in the typical manner given FM's different communication needs. Mrs. Turner responded that her evaluation could have been biased given that she had never evaluated a largely non-oral communicator prior to this instance. She asked Mrs. Connor (the SLP with expertise in AAC and literacy) for resources for future assessments. Mrs. Connor also agreed to share resource materials for continuing education. Further discussion included how to best meet the team's common goal of increasing FM's participation in the classroom learning process. **To meet this goal, the team discussed and agreed on the following individualized education program (IEP):**



Speech-language pathology services will be provided at the local university's speech and hearing center with Mrs. Connor (the SLP with expertise in AAC and literacy) twice per week and will focus on gaining access to a more complex communication system as well as improving conversation and literacy-based skills using AAC.



Speech-language pathology services will be provided in the classroom with Ms. Adams (the school SLP) twice per week and will focus on using FM's alternative means of communication to participate in the classroom learning process.



Services by the OT (Mr. Peeler) and the PT (Ms. Thompson) will continue twice a week and will focus on increasing FM's physical participation in the classroom learning process, specifically on (a) fine motor control for using his AAC device and (b) gross motor skills for more independent physical activity in school.

IPP Treatment Plan

(Discuss, reflect, and modify recommendations to develop a coordinated plan)



The classroom teacher (Ms. Slovnick) will focus on requiring FM to use his AAC system to ask and answer questions during instruction in the classroom.



The early literacy specialist (Mrs. Turner) will consult with the SLP from the local university (Mrs. Connor) on a regular basis as she works with FM's literacy in the classroom using his AAC device.

The entire team will provide FM with classroom-based instruction bi-weekly to ensure that recommendations are implemented during classroom instruction.

Treatment Outcomes

(Discuss results of treatment)

After 6 months of implementation of the intervention plan, FM consistently responded with 80% accuracy to familiar questions in the classroom using his new Dynavox with moderate support from team members. He began initiating instruction-based questions on an inconsistent basis (20%-25%) with maximal support for AAC device use. FM began decoding simple written words and answering simple narrative-based questions using his AAC device with 10% accuracy and with moderate team assistance.

Team Follow-Up

(Determine meetings & communication plan)

The team agreed to follow up twice a year (via conference calling, Zoom, and email) to discuss FM’s progress and any apparent changes needed to support his continued improvement in classroom-based instruction. Once yearly, the whole team will meet to review his IEP, and the classroom teacher (Ms. Slovnik) will serve as the parent-school liaison during parent-teacher night in subsequent school years. The team coordinator (Mrs. Flemming) suggested—and the team agreed—that they touch base with one another monthly via a group email regarding concerns, progress, or other updates.

Acknowledgement

ASHA extends its gratitude to the subject matter expert(s) who were involved in the development of the original version of this IPP case:

SIG 1: Language Learning and Education

Citations

American Speech-Language-Hearing Association. (n.d.). Team of Education Professionals Develop Plan for Nonverbal Student www.asha.org/practice/ipe-ipp/case-studies/case-study-1/

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